

County: Rock
 PREMIER REHABILITATION & SKILLED NURSING
 2121 PIONEER DRIVE

Facility ID: 2080

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BELOIT 53511 Phone: (608) 365-9526
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 120
 Total Licensed Bed Capacity (12/31/01): 120
 Number of Residents on 12/31/01: 106

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 99

Corporation
 Skilled
 No
 Yes
 Yes
 99

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.7
Supp. Home Care-Personal Care	No					1 - 4 Years		40.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	4.7	More Than 4 Years		20.8
Day Services	No	Mental Illness (Org./Psy)	23.6	65 - 74	9.4			-----
Respite Care	Yes	Mental Illness (Other)	5.7	75 - 84	37.7			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	40.6	*****		
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.9	95 & Over	7.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	7.5		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	17.0	65 & Over	95.3	-----		
Transportation	No	Cerebrovascular	8.5		-----	RNs		13.2
Referral Service	No	Diabetes	21.7	Sex	%	LPNs		10.4
Other Services	No	Respiratory	10.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	1.9	Male	31.1	Aides, & Orderlies		
Mentally Ill	No		-----	Female	68.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	1	1.3	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Skilled Care	6	100.0	355	77	97.5	145	0	0.0	0	21	100.0	144	0	0.0	0	0	0.0	0	104	98.1
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	1	1.3	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.9
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		79	100.0		0	0.0		21	100.0		0	0.0		0	0.0		106	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	39.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	8.5	50.0	41.5	106
Other Nursing Homes	5.9	Dressing	23.6	42.5	34.0	106
Acute Care Hospitals	43.1	Transferring	38.7	39.6	21.7	106
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	32.1	34.9	33.0	106
Rehabilitation Hospitals	1.0	Eating	64.2	22.6	13.2	106
Other Locations	10.8	*****				
Total Number of Admissions	102	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	8.5	Receiving Respiratory Care		12.3
Private Home/No Home Health	44.4	Occ/Freq. Incontinent of Bladder	61.3	Receiving Tracheostomy Care		0.9
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	44.3	Receiving Suctioning		0.9
Other Nursing Homes	1.1			Receiving Ostomy Care		0.0
Acute Care Hospitals	15.6	Mobility		Receiving Tube Feeding		2.8
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	5.7	Receiving Mechanically Altered Diets		22.6
Rehabilitation Hospitals	0.0					
Other Locations	4.4	Skin Care		Other Resident Characteristics		
Deaths	34.4	With Pressure Sores	1.9	Have Advance Directives		72.6
Total Number of Discharges (Including Deaths)	90	With Rashes	0.0	Medications		
				Receiving Psychoactive Drugs		37.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group Ratio	Bed Size: 100-199 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.5	82.7 1.00	83.8 0.98	84.3 0.98	84.6 0.98
Current Residents from In-County	81.1	82.1 0.99	84.9 0.96	82.7 0.98	77.0 1.05
Admissions from In-County, Still Residing	34.3	18.6 1.84	21.5 1.60	21.6 1.59	20.8 1.65
Admissions/Average Daily Census	103.0	178.7 0.58	155.8 0.66	137.9 0.75	128.9 0.80
Discharges/Average Daily Census	90.9	179.9 0.51	156.2 0.58	139.0 0.65	130.0 0.70
Discharges To Private Residence/Average Daily Census	40.4	76.7 0.53	61.3 0.66	55.2 0.73	52.8 0.77
Residents Receiving Skilled Care	99.1	93.6 1.06	93.3 1.06	91.8 1.08	85.3 1.16
Residents Aged 65 and Older	95.3	93.4 1.02	92.7 1.03	92.5 1.03	87.5 1.09
Title 19 (Medicaid) Funded Residents	74.5	63.4 1.18	64.8 1.15	64.3 1.16	68.7 1.09
Private Pay Funded Residents	19.8	23.0 0.86	23.3 0.85	25.6 0.77	22.0 0.90
Developmentally Disabled Residents	0.0	0.7 0.00	0.9 0.00	1.2 0.00	7.6 0.00
Mentally Ill Residents	29.2	30.1 0.97	37.7 0.78	37.4 0.78	33.8 0.87
General Medical Service Residents	1.9	23.3 0.08	21.3 0.09	21.2 0.09	19.4 0.10
Impaired ADL (Mean)	47.9	48.6 0.99	49.6 0.97	49.6 0.97	49.3 0.97
Psychological Problems	37.7	50.3 0.75	53.5 0.70	54.1 0.70	51.9 0.73
Nursing Care Required (Mean)	5.2	6.2 0.84	6.5 0.80	6.5 0.80	7.3 0.71